STATE OF NEW HAMPSHIRE DEPARTMENT OF SAFETY DIVISION OF FIRE SAFETY OFFICE OF THE STATE FIRE MARSHAL 33 HAZEN DRIVE CONCORD, NH 03305

603-271-3294

APPLICATION FOR VOLUNTARY CERTIFICATION OF HEATING TECHNICIANS

FAX: 603-271-1091

TYPF. ☐ Original ☐ Renewal Previous Cert #: LAST NAME: _____ FIRST NAME: _____ MI: ___ SUFF:____ ADDRESS: CITY: _____ STATE: ____ ZIP: ____ HOME TELEPHONE: DATE OF BIRTH: HOME E-MAIL ADDRESS: EMPLOYER: ADDRESS: CITY: _____ STATE: ____ ZIP: ____ WORK TELEPHONE: WORK FAX: WORK E-MAIL ADDRESS: ENDORSEMENTS BEING APPLIED FOR: Check the appropriate certificate on the left and the applicable endorsement on the right. () HEATING EQUIPMENT INSTALLATION: () OIL (HIO) () PROPANE (HIP) () NATURAL GAS (HIN) () HEATING EQUIPMENT SERVICE: () OIL (HSO) () PROPANE (HSP) () NATURAL GAS (HSN) () GAS PIPING FOR HEATING EQUIPMENT: () PROPANE (GPP) () NATURAL GAS (GPN) (____) PROPANE (HSP) (____) NATURAL GAS (HSN) () HEARTH SYSTEMS: SIGNED: ____ DATE: FOR DEPARTMENT USE ONLY RECEIVED: _____ BY:____ PAID BY CHECK #:_____ SUPPORTING DOCUMENTATION COMPLETE (Y/N) _____ REVIEWED: _____ BY: _____ CERTIFICATE NUMBER: _____ BY:____ CERTIFICATE ISSUED: EXPIRATION DATE: DATE ENTERED: BY:

Note: This application is only for the voluntary certification of heating technicians and is not to be confused with the application for licensure for gas fitters promulgated by HB1711 (Amilia's Law)

DSFM 87 (6/06)